

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>2/2</i>		<i>2-27-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12-6-02
2	✓
3	✓
4	✓
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10	00
11	✓
12	✓
13	✓
14	✓
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18	00
19	00
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21	11
22	✓
23	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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